

Application Data Sheet

APPLICATION INFORMATION

Application Number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD Disks:
Number of Copies of CDs::
Sequence Submission?::
Computer Readable From (CRF)?:: No
Number of Copies of CRF::
Title:: SURGICAL MANIPULATOR
Attorney Docket Number:: 225929
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 8
Small Entity?:: Yes
Latin Name::
Variety denomination name::
Petition Included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Appl.?:: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Steve
Middle Name:: T
Family Name:: Charles
Name Suffix::
City of Residence:: Germantown
State or Prov. of Residence:: TN
Country of Residence:: US
Street of mailing address:: 3220 Oak Manor
City of mailing address:: Germantown
State or Province of mailing address:: TN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 38138
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: J.
Middle Name:: Michael
Family Name:: Stuart
Name Suffix::
City of Residence:: Corrales
State or Prov. of Residence:: NM
Country of Residence:: US
Street of mailing address:: 46 Judy Court
City of mailing address:: Corrales
State or Province of mailing address:: NM
Country of mailing address:: US
Postal or Zip Code of mailing address:: 87048
Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Larry

Middle Name::
Family Name:: Bronisz
Name Suffix::
City of Residence:: Los Alamos
State or Prov. of Residence:: NM
Country of Residence:: US
Street of mailing address:: 1618 Camino Uva
City of mailing address:: Los Alamos
State or Province of mailing address:: NM
Country of mailing address:: US
Postal or Zip Code of mailing address:: 87544

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application is a	Continuation of	10/050,241	January 16, 2002
which claims benefit	Non Provisional of	60/261,940	January 16, 2001
of			

ASSIGNEE INFORMATION

Assignee name:: MicroDexterity Systems, Inc.

Street of mailing address:: 6401 Poplar Avenue

Suite 190

City of mailing address:: Memphis

State or Province of
mailing address:: TN

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 38119